

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735511

FILED
Jan 12, 2009
Secretary of State

Entity Name: GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA, INC.

Current Principal Place of Business:

4468 WOODBRIDGE RD
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1175
FT. WALTON BCH, FL 32549 US

New Mailing Address:

FEI Number: 51-0201772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICARI, CHARLES J
343 SHANNON CT
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LICARI, CHARLES J
Address: 343 SHANNON CT
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VD () Delete
Name: ELLIOTT, KENNETH
Address: 298 BULLOCK BLVD
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD () Delete
Name: RITA, BARTMESS
Address: 129 WILLARD RD NW
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: PD () Delete
Name: GROSS, BEVERLY
Address: 4468 WOODBRIDGE RD
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: ELLIOTT, DONNA
Address: 298 BULLOCK BLVD
City-St-Zip: NIVEVILLE, FL 32578

Title: TD () Delete
Name: BRAXTON, DAN
Address: 108 AZALEA CIRCLE
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SUTHERLAND, RONALD
Address: 622 GOLF COURSE DR
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES J. LICARI

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date